



Beyond Counseling, Inc.

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Advanced Notice of Non-covered Telehealth Services

TeleMental Health refers to the delivery of psychotherapy via digital means in a non in-person situation. For the purpose of this notice, TeleMental health refers to services provided via interactive tele-video conferencing technologies. For simplicity, the term telehealth will be used in this document.

Insurance companies just recently began considering telehealth services. Because of this, the insurance guidelines around this service are subject to frequent change. Our billing staff will attempt to verify coverage for telehealth services prior to your first session; however, the information we receive is just a quote and not a guarantee of benefits.

If you are a patient who chooses to receive telehealth services, it is also your responsibility to check your insurance coverage guidelines before seeking treatment. It is important that you understand that telehealth services may be denied by your insurance, even if the service was originally quoted as a covered service. In these instances, you will be financially responsible for the denied charges. When consulting your benefit coverage data or speaking to your insurance company, please note that telehealth may also be referred to as: TeleBehavioral, TeleMental, or Telemedicine.

Before we bill your insurance for telehealth services, you will need to sign and date this advanced notice.

I, _____ (Client/Guardian if under 18 yrs old),
(Printed)

understand that telehealth services may be deemed ineligible for benefits under my employer's/group's policy guidelines. I understand that my health insurance may have certain restrictions and limitations around telehealth services. Since I have chosen to obtain telehealth services, I agree to be financially responsible for any and all charges not covered by my insurance.

Client/Guardian Signature _____ Date _____